Montana Immunization Program

JUNE 2012

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www.immunization.mt.gov

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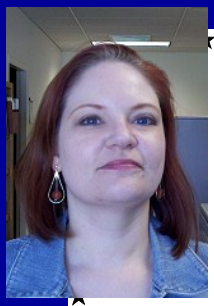
UP-COMING EVENTS:

****Monthly IAP Call July 26, 2012***

Please Welcome Stacy Russell as our IIS Training and Support Specialist

Stacy has been working in the public health nonprofit field for most of her career including two stints in the Peace Corps in Mali and South Africa. She has a MA in Medical Anthropology from the University of Montana and a Graduate Certificate in HIV Prevention Studies from The George Washington University in Washington DC. As a native of Montana, she is very happy to be back in her home state.



Please welcome Deb Belleau as our new Immunization Information System (IIS) Data Exchange Coordinator

Deb's background includes working as a Pharmacy Technician, Computer Support Technician, Network Administrator, Database Administrator, Computer Instructor, Corporate Trainer, and Training Development Specialist. Deb is originally from Eastern Montana and we are pleased to welcome her as the newest member of the Immunization Program staff.

Immunization Staffing Updates

Katie Grady has accepted a position as the Vaccines for Children Quality Specialist and her phone number has changed to 444-1613.

Lori Rowe has moved to a new position with the Family and Community Health Bureau.

Laura Baus agreed to assume the duties of School and Child Care Assessment Coordinator her phone number will stay the same.

Zostavax

Zostavax is recommended for all person 60 years and older. Whether or not they have a history of chickenpox or shingles they should be given zoster vaccine *unless* they have a medical contraindication. For detailed information about medical contraindications go to www.cdc.gov/mmwr/pdf/rr/rr5705.pdf. "Prevention of Herpes Zoster, Recommendations of the Advisory Committee on Immunization Practices (ACIP)."

Serologic surveys indicate that almost everyone born in the United States before 1980 has had chickenpox. As a result, there is no need to ask patients age 60 years and older for their varicella disease history or to conduct lab tests for serological evidence of prior varicella disease.

If a person 60 years and older has experienced shingles how long must they wait before receiving the Zoster vaccine? The general guideline for any vaccine is to wait until the acute stage of the illness is over and symptoms are gone.

If you have more Zostavax questions please call Laura at 444-6978.

Epidemiology and Prevention of Vaccine-Preventable Disease

The 2012 "Epidemiology and Prevention of Vaccine-Preventable Disease" course sessions are now available on the CDC website at www.cdc.gov/vaccines/ed/epivac/default.htm. The 11 sessions give you a comprehensive overview of the principles of vaccination, general recommendations, immunization strategies for providers, and specific information about vaccine-preventable diseases. Continuing educations credits are available until March 31, 2013.

Which vaccine-preventable disease is sometimes referred to as the "100-day cough"?

Pertussis or whooping cough is sometimes referred to as the "100-day cough" because people with pertussis can cough for months after having the initial infection.

2012 NIIW Event Held

On April 24, 2012, the Gallatin City-County Health Department, Bozeman Deaconess Health Services and the Bozeman Noon Rotary Club joined together to provide children's immunizations and adult preventive healthcare services. These services were provided for those who were uninsured and underinsured in and around Bozeman in celebration of National Infant Immunization week. The hospital provided clinical breast exams with free mammography screening vouchers, colon cancer screening kits (FOBT), blood pressure readings, as well as several non-fasting blood tests. Also offered were obesity screenings using BMI measurements and hands only CPR training. The hospital covered the cost of adult tetanus and pneumonia immunizations and picked up the administrative cost for all VFC eligible children. Bozeman Noon Rotary provided toys and prizes to the children. We had a visit from Monte the IZ Bear and the MSU Bobcat Mascot, Champ. This event was a great success with over 60 people served and over 122 immunizations given.

Conditional Enrollment Forms (HES-103)

The Conditional Enrollment Forms (HES-103) for child care and school has been revised. We've added some additional language to the form clarifying issues regarding alternate schedules being put into place. The following language has been added to Section II:

I certify that I have established an immunization schedule for the required vaccine(s) for the above named child/pupil and the schedule follows the minimum intervals set by ACIP (Advisory Committee on Immunization Practices) to bring this child up-to-date according to the child care or school requirements.

Please discard any old HES-103 forms you may have and immediately start using this revised version. For a copy of this form please visit www.immunization.mt.gov .

Vaccines for Children Program: Vulnerabilities in Vaccine Management Office of Inspector General Report (OIG) 2012

WHY THE OIG DID THIS STUDY

CDC's Vaccines for Children (VFC) program provides free vaccines to eligible children through a network of 61 grantees and 44,000 enrolled providers. In 2010, approximately 82 million VFC vaccine doses were administered to an estimated 40 million children at a cost of $3.6 billion. VFC providers must meet certain requirements for vaccine management, such as storing vaccines within required temperature ranges and monitoring expiration dates, to ensure that these vaccines provide children with maximum protection against preventable diseases. These requirements are also intended to decrease VFC program fraud, waste, and abuse.

HOW THE OIG DID THE STUDY

Using CDC data, the OIG selected a sample of 45 VFC providers from the 5 grantees with the highest volume of vaccines ordered in 2010. They conducted site visits at these providers' medical practice locations, interviewed their vaccine coordinators, and observed their vaccine management practices. They also independently measured these providers' vaccine storage unit temperatures for a 2-week period. Finally, they interviewed the five grantees' VFC program staff regarding their program oversight.

WHAT THE OIG FOUND

Although the majority of storage temperatures they independently measured during a 2 week period were within the required ranges, VFC vaccines stored by 76 percent of the 45 selected providers were exposed to inappropriate temperatures for at least 5 cumulative hours during that period. Exposure to inappropriate temperatures can reduce vaccine potency and efficacy, increasing the risk that children are not provided with maximum protection against preventable diseases. Thirteen providers stored expired vaccines together with nonexpired vaccines, increasing the risk of mistakenly administering the expired vaccine. Finally, the selected providers generally did not meet vaccine management requirements or maintain required documentation. Similarly, none of the five selected grantees met all VFC program oversight requirements, and grantee site visits were not effective in ensuring that providers met vaccine management requirements over time.

WHAT THE OIG IS RECOMMENDING

The OIG recommends that CDC continue to work with grantees and providers to ensure that (1) VFC vaccines are stored according to requirements, (2) expired vaccines are identified and separated from nonexpired vaccines, (3) grantees better manage providers' vaccine inventories, and (4) grantees meet oversight requirements. CDC concurred with all four of our recommendations and noted that vaccination is one of the most successful public health tools in preventing and controlling disease.

To read the complete report, please click the link provided: http://oig.hhs.gov/oei/reports/oei-04-10-00430.pdf

Post-exposure Prophylaxis to Prevent Perinatal Hepatitis B

(This is part 3 of a 3 part series on Hepatitis B)

Hepatitis B virus (HBV) infection in a pregnant woman poses a serious risk to her infant at birth. Perinatal HBV transmission can be prevented by identifying HBV-infected (i.e., HBsAg-positive) pregnant women and providing hepatitis B immune globulin (HBIG) and hepatitis B vaccine to their infants within 12 hours of birth.

Perinatal Hepatitis B:

Clinical case definition-Perinatal hepatitis B in the newborn may range from asymptomatic to fulminant hepatitis.

Laboratory criteria for diagnosis-Hepatitis B surface antigen (HBsAg)-positive

Case classification-HBsAg positivity in any infant aged >1-24 months who was born in the United States or in U.S. territories to an HBsAg-positive mother

Comment: Infants born to HBsAg-positive mothers should receive hepatitis B immune globulin (HBIG) and the first dose of hepatitis B vaccine within 12 hours of birth, followed by the second and third doses of vaccine at 1 and 6 months of age, respectively. Post-vaccination testing for HBsAg and anti-HBs (antibody to HBsAg) is recommended from 3 to 6 months following completion of the vaccine series. If HBIG and the initial dose of vaccine are delayed for >1 month after birth, testing for HBsAg may determine if the infant is already infected. 1

Perinatal HBV Post Exposure Prophylaxis (PEP): Infants Born to HBsAg-positive Mothers

	Birth (dose #1) give within 12 hours of birth	1-2 months (dose #2)	6 months (dose #3)	Depending on vaccine used (dose #4) if need-ed	9-18 months Post-vaccination testing
HBV Vaccine	×	×	×	×	
HBIG	×*				
HBsAg anti-HBs titer					× ×

*May give up to 7 days after birth

PEP for Perinatal HBV Exposure
Passive-active PEP. PEP with hepatitis B vaccine and HBIG administered 12–24 hours after birth, followed by completion of a 3-dose vaccine series, was 85%–95% effective in preventing acute and chronic HBV infection in infants born to women who are positive for both HBsAg and HBeAg.
Active PEP. Active PEP with hepatitis B vaccine alone (i.e., without HBIG) is frequently used in certain remote areas (e.g., Alaska and the Pacific Islands) where implementation of maternal HBsAg testing is difficult because no access exists to a laboratory. In randomized, placebo-controlled clinical trials, administration of hepatitis B vaccine in a 3- or 4-dose schedule without HBIG beginning <12 hours after birth prevented 70%–95% of perinatal HBV infections among infants born to women who are positive for both HBsAg and HBeAg.2

1 http://www.cdc.gov/osels/ph_surveillance/nndss/casedef/hepatitisviralcurrent.htm
2 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm?s_cid=rr5416a1_e

"Free" Educational Brochures/Posters/Stickers

CDC has a great website with free educational information that can be ordered and distributed. Please visit http://wwwn.cdc.gov/pubs/ncird.aspx to view all available brochures, posters, stickers and many other items!

Congratulations to All 2012 Immunization Award Recipients!

Lewis & Clark County Health Department
(Improvement Award)

Cascade County Health Department
(Improvement Award)

Rocky Boy (Na-Toose) Tribal Health
(Healthy People 2020)
(Light House Award)

Chouteau County Health Department
(Improvement Award)

Helena Pediatric Clinic
(Improvement Award)
(90% Award)
(Healthy People 2020)

Browning IHS
(90% Award)
(Healthy People 2020)

St. Luke's Community Clinics
(Light House Award)

Northern Rockies Medical Clinic
(Improvement Award)

Northern Montana Med. Group East
(Healthy People 2020)

Medical Associates
(Light House Award)

Not Pictured:

Children's Clinic (90% Award)
Laura Bennett, MD (Healthy People 2020)
Mark J. Sorensen, MD (Improvement Award)
Riverstone Health (Improvement Award)
West Grand Family Medicine (Improvement Award)
Northern Rockies Medical Clinic (Improvement Award)
Northern Rockies Medical Clinic (90% Award)